

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-035095

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

38

Primary Registration District No.

3006

Registrar's No.

643

FILED SEP 27 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Columbia</u>		c. CITY OR TOWN <u>Sceligman</u>	
Length of stay in lb <u>4 days</u>		d. STREET ADDRESS <u>R.R. 1</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>University of Mo. Medical Center</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Velma</u> Middle <u>Butcher</u> Last <u>Purcell</u>		4. DATE OF DEATH Month <u>Sept.</u> Day <u>21</u> Year <u>1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-11-98</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	
11a. FATHER'S NAME <u>Unknown</u>		11b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	
17. INFORMANT <u>Hospital Record</u>		Address	
18. CAUSE OF DEATH (Enter only one cause per Part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>SEPTICEMIA</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) <u>PERFORATION OF BOWEL</u> DUE TO (c) <u>STRANGULATION OF BOWEL</u>		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>6:00</u> a.m. <u>9-21-63</u> Month, Day, Year	20d. INJURY OCCURRED: WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Sceligman, Mo</u>	
21. I attended the deceased from <u>9-19-63</u> to <u>9-21-63</u> and last saw him alive on <u>9-21-63</u> Death occurred at <u>6:00 AM</u> <u>9-21-63</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <u>9/21/63</u>	
22a. SIGNATURE <u>La Deever MD</u>		22b. ADDRESS <u>UMMC</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>9/23/1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>King Roller</u>	23d. LOCATION (City, town, or county) (State) <u>Sceligman, Mo</u>
24. FUNERAL DIRECTOR <u>Lynman Sprinkle, Columbia, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Sept 21-63</u>	
26. REGISTRAR'S SIGNATURE <u>Mrs R. E. Palmer</u>			

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STATEMENT BY LICENSED EMBALMER

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I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by David Duffy Student Embalmer No. 680
working under my personal supervision

Student

David Duffy
Signature of Student Embalmer

Signed

Richard A. Leever

Licensed Embalmer No.

5109

P. O. Address

Columbia, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.